

ALABAMA STATE BOARD OF OCCUPATIONAL THERAPY

RENEWAL FORM
OCCUPATIONAL THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT

OFFICE USE ONLY																															
A. Name _____ AL License No. _____ Address _____ City _____ State _____ Zip _____ Telephone Number _____		NAME (Last, First, M.I.) _____ License Number _____																													
B. Employer Name _____ Facility Address _____ City _____ State _____ Zip _____ Telephone Number _____ Circle A or B for preferred address for public disclosure. If no indication, then employer address will be given.		Expiration Date _____ Date Filed _____ Continuing Education <input type="checkbox"/> Annual <input type="checkbox"/> Biennial Date Postmarked _____ Amount Received _____																													
C. Supervising Therapist (for Occupational Therapy Assistants) Name _____ AL License No. _____																															
D. Employment History for the Last Five Years <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Employer</th> <th style="text-align: left; border-bottom: 1px solid black;">City/State</th> <th style="text-align: left; border-bottom: 1px solid black;">Dates To - From</th> <th style="text-align: left; border-bottom: 1px solid black;">Reason for Leaving</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Employer	City/State	Dates To - From	Reason for Leaving																								
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F. Have you ever had a license to practice occupational therapy issued to you by another state?

☐ Yes ☐ No

If yes, please list state and license numbers.

State

License Number

G. Have you ever had a license to practice occupational therapy suspended or revoked by another state?

☐ Yes ☐ No

If yes, please list state(s), license number(s), circumstances of suspension and/or revocation of license and outcome.

H. Have you ever been convicted of a felony?

☐ Yes ☐ No

I. All information enclosed with this application is, to the best of my knowledge, complete and accurate.

Signature _____

Any attempt to obtain a license by fraud, misrepresentation, or concealment of material facts constitutes unprofessional conduct, and is justifiable cause to have a license refused, suspended or revoked.

IMPORTANT: ALL QUESTIONS AND STATEMENTS MUST BE ANSWERED, INCOMPLETE APPLICATIONS WILL BE RETURNED AND MAY BE SUBJECT TO ADDITIONAL PROCESSING FEES.

Enclosed is a cashier's check or money order in the amount indicated below, made payable to the Alabama State Board of Occupational Therapy Fund.

Renewal Fee

O.T.R. — \$115.00 ☐

C.O.T.A. — \$95.00 ☐

Total amount enclosed

\$ _____

Complete both sides of application and mail with appropriate fee to:

Alabama State Board of Occupational Therapy

P.O. Box 3926

Montgomery, AL 36109-0926